It is my pleasure to welcome you to Scientific Sessions 2008. The American Heart Association’s annual meeting offers a unique opportunity to gather with colleagues from around the world in an exciting educational and professional environment. The scope and quality of the scientific exchange make Scientific Sessions the premier cardiovascular research and instructional meeting in the world. We are delighted to be returning to New Orleans and will highlight a session on the challenges in clinical practice and research in 2008.

The American Heart Association scientific councils’ program committees and the Committee on Scientific Sessions Program have again carefully selected a broad base of content at the forefront of research and instructional meeting in the world. We are delighted to be returning to New Orleans and will highlight a session on the challenges in clinical practice and research in 2008.

The extensive scientific program will be arranged in the three broad areas of clinical, basic and population science. In response to the ever-increasing integration of research and patient care, Scientific Sessions 2008 will highlight cross-disciplinary translational science.

Scientific Sessions includes programs of special interest to general cardiologists, interventional cardiologists, electrophysiologists and nurses. Daytime Seminars with cutting-edge clinical content have been added to the program. An International Congress on Cardiovascular Imaging will run concurrently with Scientific Sessions and will feature the most internationally renowned investigators in the field. A comprehensive early career program with professional development sessions in basic, clinical and healthcare outcomes research and clinical practice is set for Saturday to complement the Early Investigator Award sessions on Sunday.

The oral and poster presentations have been organized into clusters reflecting specialty areas of interest. Enhancements in the presentation of original science include expanded moderated poster sessions and the online availability of all poster presentations. A major goal of Scientific Sessions remains the cross-disciplinary commitment to cardiovascular care that is a core strength and mission of the American Heart Association.

We continue to strive to make sessions easier to navigate and optimize your experience at Scientific Sessions 2008. How-to and Ask-the-Expert will remain morning sessions to allow for an expanded mid-day break for visiting posters and the Exhibit Hall. We will continue enhancements such as encore theaters, simulcast presentations (including press conferences of the Late-Breaking Clinical Trials) and networking lounges. We will feature an attendees’ reception on the Exhibit Hall floor on Sunday night to allow for interaction with colleagues and exhibitors.

Scientific Sessions continues to evolve and improve with the input from our attendees making an already great meeting even more spectacular. We thank you for your input in the past and we hope you have the opportunity to experience the enhancements to our meeting.
The American Heart Association is a leader due to the commitment and direction of a breadth of volunteers who are dedicated to providing Professional Members with the tools they need to excel in their professional careers. For example, the AHA is focused on providing subspecialty-specific statements, guidelines and information to both clinicians and investigators domestically and around the world. Any organization that leads is also dynamic in that it is always working to improve. Thus, over the past several months AHA’s new membership program was developed with input from representatives of all the Councils, IWGs and at-large members. As a result of this extensive input, AHA has enhanced its membership program to be the best-in-class, just like our members. In our research and testing, AHA members made it clear they want benefits that:

• Allow members to be part of the AHA community and provide the opportunity to have meaningful relationships with like-minded professionals, especially in their subspecialties.

• Provide members with access to scientific and clinical information organized by subspecialties.

• Make members feel confident that their AHA membership is a good value. When we showed members the new, enhanced benefits, they responded very enthusiastically and clearly that they will in fact consider their AHA membership to be a very good value. Interestingly, even with the dues increase that will be effective in January 2009, AHA membership remains at a very competitive level in comparison to over 30 other associations that were reviewed.

A few of the unique additions to the membership program that will be available beginning in January 2009 include:

• Conference programs and document access
  — Complimentary access to Science OnDemand — online access to presentations at Scientific Sessions and at the International Stroke Conference. This in itself is a $300 value.

• Programs relevant to a member’s specialty
  — Subspecialty-focused e-mail updates will be delivered to members.

• Journal subscriptions
  — Addition of six new subspecialty-focused journals; members will receive two of the six new journals in addition to their current subscription.

• Educational programs
  — Wiley-Blackwell Publishing Discount gives members an opportunity to pursue professional education in areas of their choice.

• Networking opportunities
  — Opportunity to join and become active in one of 16 subspecialty-focused Councils
  — Online message boards

Building healthier lives, free of cardiovascular diseases and stroke is a shared mission and vision of the American Heart Association volunteer leadership and members of the association. The enhancements to the membership benefits are designed so each member has the tools and network available to fulfill his/her role in accomplishing that shared mission.

We encourage current members to visit my.americanheart.org today or to call 800-787-8984 (inside the U.S.) or 301-223-2307 (outside the U.S.) to learn more about these important and beneficial changes to their Professional Membership. Remember, upgrading to the new structure now will ensure you have access to all your new benefits January 1st.

New Website
The website features a new look & feel and usability enhancements. The Professional Education Center is designed to be the professional’s source for the latest in CVD and Stroke Continuing Education. Here users will find education offered through a variety of delivery platforms or claim CME/CE for accredited educational activities. Visit learn.heart.org.
The American Heart Association Names 13 Distinguished Scientists

T he American Heart Association is proud to announce the designation of 13 Distinguished Scientists for 2008, the fifth anniversary of this prestigious award. These renowned scientists will be honored by the association for their research that has importantly advanced the understanding of cardiovascular disease and stroke. The awardees will join the ranks of 27 other preeminent researchers and scientists, and will be recognized Nov. 9 at the Opening Session of the association’s Scientific Sessions 2008 in New Orleans, La.

Peter Agre discovered and characterized the first aquaporin water-channel protein. His findings gave us a better understanding of how water passes through a cell membrane and led to his receiving the Nobel Prize in Chemistry in 2003.

Gerald Berenson has led the Bogalusa Heart Study for the past 34 years. This study, involving thousands of children in rural Louisiana, has provided volumes of information on the early natural history of arteriosclerosis and hypertension.

Roberto Bolli’s research has focused on the mechanisms responsible for myocardial ischemia/reperfusion injury and on the development of cardioprotective strategies. Dr. Bolli is currently investigating the use of stem/progenitor cells for the repair of infarcted myocardium.

Mario Capecchi is particularly well known for his pioneering work in gene targeting of mouse embryo-derived stem cells. Through a series of bold experiments begun in the 1980s, he demonstrated that any gene in a mouse cell could be altered by replacing it with a modified version. This allowed for the creation of animal models of human diseases. Mario Capecchi and Oliver Smithies shared the Nobel Prize in Medicine in 2007.

Robert Furchgott discovered a substance in endothelial cells that relaxes blood vessels, calling it endothelium-derived relaxing factor (EDRF). By 1986, he had worked out EDRF’s nature and mechanism of action, and determined that EDRF was in fact nitric oxide, an important compound in many aspects of cardiovascular physiology.

David Ginsburg’s work is concerned with understanding the components of the blood-clotting system, how it maintains its delicate balance, and how disturbances in its function lead to human bleeding and blood-clotting disorders.

Richard Havel’s work has involved unraveling the complex metabolism of plasma lipoproteins. His research laid the foundation for understanding the many aspects of lipoproteins and their role in atherogenesis.

Three of this year’s Distinguished Scientists shared the 1998 Nobel Prize in Physiology or Medicine: Louis Ignarro has made key discoveries about the role of nitric oxide in causing vasodilation, lowering blood pressure, and inhibiting thrombosis. He shared the 1998 Nobel Prize in Physiology or Medicine with Robert Furchgott and Ferid Murad for their major discoveries involving nitric oxide as a unique signaling molecule in the cardiovascular system.

Ferid Murad found that nitroglycerin and several related heart drugs induce the formation of nitric oxide and that this gas acts to increase the diameter of blood vessels in the body. He shared the 1998 Nobel Prize in Physiology or Medicine with Robert Furchgott and Louis Ignarro for their major discoveries involving nitric oxide as a unique signaling molecule in the cardiovascular system.

Edwin Krebs discovered reverse protein phosphorylation and its implication in many metabolic processes such as muscle contraction. His work also had a profound effect on research in genetic engineering and cancer research. Krebs received the Nobel Prize in Medicine in 1992.

Richard Traystman has made major contributions to our understanding of how the brain and its circulation respond to clinical disease states such as stroke and cardiac arrest, and his work is striking for its breadth and application to the adult, neonate and fetal brain.

Ken Weir is being honored for his research on the mechanisms by which oxygen is sensed in the body, particularly the concepts of hypoxic pulmonary vasoconstriction and normoxic contraction of the ductus arteriosus.

Oliver Smithies, a geneticist, is credited with the invention of gel electrophoresis in 1950, and the simultaneous discovery, with Mario Capecchi, of the technique of homologous recombination of transgenic DNA with genomic DNA, a much more reliable method of altering animal genomes than previously used, and the technique behind gene targeting and knockout mice. Dr. Smithies has used gene targeting to develop mouse models for diseases such as cystic fibrosis, thalassemia, hypertension, and atherosclerosis.
To my colleagues who are committed to improving practice, policies and outcomes in the area of cardiovascular disease and stroke...

We have a new journal, Circulation: Cardiovascular Quality and Outcomes. It is a place for scholarship and commentary about topics that directly relate to clinical practice, population health, and health policy — a venue for work that has consequence for the public and our patients.

I say “we have a journal” because it is truly a journal of our community. Its success will depend on us as a group and it will achieve its potential as a vehicle to communicate important studies and valued perspectives only if we work together. I would like for you to feel a part of the effort and invested in its success.

I have three requests for you at the outset that I hope you will consider.

1. If you are associated with an institution with a library, please contact your librarians now and let them know that they need to subscribe to Circulation: Cardiovascular Quality and Outcomes. This will ensure you and your colleagues will have continued access to the journal and that we will have a strong subscriber base. People who are members of the AHA will also have the opportunity to choose to have access to the journal also. We do need libraries though for those who are not AHA members.

2. Please feel free to reach out to me (harlan.krumholz@yale.edu) with ideas about the journal. You will be hearing more about it and seeing the first issue soon — but I want you to feel you can make suggestions and help shape the future of the journal. More than anything, we want this journal to make a difference in improving health and health care.

3. Please consider submitting studies, commentaries, case studies and other contributions to the journal.

Thank you very much for your support of our community's journal.

Best regards,

Harlan M. Krumholz, MD, FAHA
Editor, Circulation: Cardiovascular Quality and Outcomes

Science from the Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke Conference 2008

Thank you for your participation in the 2008 conference. The articles by major media outlets that reported on QCOR Conference 2008, including Fox News, Reuters, US News & World Report and Washington Post, created 33.3 million impressions. This is great exposure for AHA and our council.

Mark Your Calendars
Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke Conference 2009

We look forward to seeing you next year at the 10th Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke Conference, to be held at Wardman Park Marriott Hotel in Washington D.C. April 22-24, 2009.

Key Dates
Abstract Submission Opened: Oct. 6, 2008
Abstract Deadline: Jan. 12, 2009
Advance Registration Opens: Dec. 3, 2008

For information regarding Scientific Sessions 2008, please visit scientificsessions.org and be sure to check the “Program by Specialty — Health Policy & Outcomes Research” sessions listing.

• Fellows in Training and Early Career Program
The Fellows in Training and Early Career Program will take place on Saturday, November 8 at the Ernest N. Morial Convention Center and includes extended programming and an attendee reception.

• International Congress on Imaging and CVD
The International Congress on Cardiovascular Imaging will run concurrently with Scientific Sessions and will feature the most internationally renowned investigators in the field to discuss and present the latest advances in noninvasive cardiac imaging. Focus topics include:

  — Imaging in the Management of Acute Chest Pain
  — Dangers of Cardiac Imaging
  — Imaging of the Congenital Heart Disease Patient
  — Molecular Imaging of Cardiovascular Disease
  — Imaging of Plaque Vulnerability and Atherosclerosis
  — New Technology in Echocardiography
**Interdisciplinary Council**

**Functional Genomics and Translational Biology**

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**Scientific Sessions Highlights**

**Nov. 8**

Saturday Daytime Seminar
1:00 pm, Room 271–273

- Beyond Genome-wide Association: What's Next?

**Nov. 9**

Sunday Morning Program
9:00 am, Room 283–285

- Big Science: "Omics" Technology Meets Cardiovascular Biology

Cardiovascular Seminar
5:15 pm, Room 294–295

- Plasma Membrane Subproteome: Biology Drives the Adaptation of Technology

Special Session
3:45 pm, Hall I

- Personalized Genomics: Ready for Prime Time?

**Nov. 10**

How-To Session
7:45 am, Room 265–266

- How to Use Functional Genomics to Test and Generate Hypotheses in Cardiovascular Disease

Daytime Seminar
2:00 pm, Room 265–266

- AHA/ESC Joint Symposium on Genomic Studies in CAD: Outcomes and Implications

Cardiovascular Seminar
5:15 pm, Room 252–254

- Cardiovascular Adverse Drug Events: Clinical Implications and Genetic Predictors

**Nov. 11**

Cardiovascular Seminars
5:15 pm

- Novel Regulation of Myofilament Proteins: More than PKA
  Room 294–295

- System Biology Approaches to Cardiovascular Research: Challenges and Discoveries
  Room 267–268

How-To Session
7:45 pm, Room 294–295

- Characterization of Proteins by Mass Spectrometry: Posttranslational Modification

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**2008–09 Leadership Committee**

**Jennifer Van Eyk, PhD, FAHA,** Chair

**Emelia J. Benjamin, MD, ScM, FAHA,** Vice Chair

**MEMBERS**

Burns C. Blaxall, PhD
Lorraine Frazier, NP, PhD, Chair, Communications Committee; CVN Rep
Santhi K. Ganesh
Joseph A. Hill, MD, PhD, FAHA
Julie A. Johnson, PharmD
Robert E. Gerszten, MD, Member-at-Large
Anne E. Kwitek, PhD, Member-at-Large
Christoph Newton-Chen, MD, PhD, Member-at-Large

**LIAISONS**

Stefan Blankenberg, MD, European Liaison
Katrina Gwinn-Hardy, MD, BA, NIH/NINDS Liaison
Suh-Hang J uo, PhD, Japanese Liaison
Susan E. Old, PhD, NHLBI Liaison

**AHA**

Kelly Peasley, Program Manager
Ron White, PhD, Science and Medicine Advisor
Interdisciplinary Council
Peripheral Vascular Disease Council

Scientific Sessions Highlights

Nov. 9
Sunday Morning Program
9:00 am
• Carotid Artery Disease: The State of the Art
  Auditorium C
• Vascular Medicine Controversies
  Auditorium B
• Angiogenic Therapy in PAD: State of the Art 2008
  Room 238–239
Cardiovascular Seminar
5:15 pm, Room 238–239
• Genetics of Peripheral Arterial Disease

Nov. 10
How-To Session
7:45 am
Room 225–227
• Managing the Patient with Resistant Hypertension

Nov. 11
Cardiovascular Seminar
5:15 pm
Room 283–285
• Proteomics in Cardiovascular Medicine

Nov. 12
Ask the Experts
7:45 am
Room 238–239
• New Imaging Techniques in the Noninvasive Vascular Laboratory

2008–09 LEADERSHIP COMMITTEE

Christopher J. White, MD, Chair
William R. Hiatt, MD, Vice Chair

MEMBERS
Joshua A. Beckman, MD, MS, Chair, Program Committee
Sharon Kay Christman, RN, PhD, CVN Rep
Francis G.R. Fowkes, MD, International Member
Alan T. Hirsch, MD, FAHA, Chair, Communications Committee; Liaison, Professional Education
Robert A. Lookstein, MD, CVRI Rep
Jeffrey W. Olin, DO, FAHA, FACC, Immediate Past Chair
H. Robert Superko, MD, FAHA
Lawrence R. Wechsler, MD, FAHA, Stroke Rep
Mark A. Creager, MD, FAHA, Conference Chair

LIAISONS
Abby Ershow, ScD, FAHA, Liaison, NHLBI
Alan Matsumoto, MD, MA, Liaison, Society of International Radiology
Martha Cathcart, PhD, FAHA, Liaison, Research Committee
H. Eser Tolunay, PhD, Liaison, NHLBI
Michael Conte, MD, SVS Liaison
Issam D. Moussa, MD, FSCAI, FACC, SCAI Liaison

AHA
Jennifer Jennison, Program Manager
Yuling Hong, MD, PhD, FAHA, Science and Medicine Advisor

Exhibits: November 9–11
Sessions: November 8–12
New Orleans, Louisiana
scientificsessions.org
Greetings from the Chair
Larry Rudel, PhD, FAHA

A ll good things must come to an end, and so it is that Alan Daugherty’s Chairmanship of the ATVB council has ended and the transition into the period when I am the chair has begun. I am looking forward to a successful term and I hope that I will get as much feedback about what is needed of and for the council as is possible. We are a diverse group of scientists but we have been successfully working together for a long time as indicated by the impressive growth of our council. The leadership committee is here to serve the council and the AHA, and we will take any and all suggestions seriously and try to make a difference. I urge all of you who want to participate in the affairs of the ATVB council to tell us. We will benefit from having as many of you participate as are interested; there is a need for many volunteers. I can be reached at lrudel@wfubmc.edu. I’ll bet we can involve all who express an interest. Let me know if you are in this category.

A Note From the Editor
Kathryn J. Moore, PhD, FAHA
Harvard Medical School, Boston
Kmoore@molbio.mgh.harvard.edu

I would encourage all members to send me their ideas for topics or news items that they would like to see featured in Council Connections. Please visit the ATVB Council Web page at americanheart.org/atvbcouncil to see current and previous newsletters, as well as the latest information on ATVB Council activities, awards, lectures and early career development opportunities.

Early Career Corner
Amy S. Major, PhD, Vanderbilt University Medical Center

AHA Scientific Sessions: ATVB Early Career Reception

As part of the 2008 AHA Scientific Sessions, the ATVB Early Career Networking Reception will be held Tuesday, Nov. 11, from 7–9 p.m. at the Hilton New Orleans Riverside, Grand Salon 9 and 12. The informal format will be similar to last year’s reception with a poster session highlighting top-level research from graduate students and young investigators. This is a great opportunity for graduate students, postdocs and junior faculty to network with other early career investigators and more senior faculty; to exchange ideas; to seek advice about career development; to identify funding sources; and get to know fellow colleagues within the AHA. All young investigators and students are encouraged to attend! For more information, contact Tracie Seimon, PhD, of the Early Career Leadership Committee (tad2105@columbia.edu).

AHA Grant Opportunities

The AHA National and Affiliate application deadline is January 2009. In addition to already great funding opportunities available for the January deadline, the AHA’s National Center has initiated an Innovative Research Grant Program focused on supporting new ideas that would lead to major advancements in cardiovascular and stroke research. Descriptions of all AHA funding programs can be found at http://www.americanheart.org/presenter.jhtml?identifier=9713.
Scientific Sessions 2008
ATVB Highlights
New Orleans, Louisiana

Sunday Morning Programs
Sun., Nov. 9, 9:00
Genetics of Coronary Heart Disease and Risk Factors, Room 267–268
Measuring and Treating Lipids in 2008, Room 291–292
My Cell is Better Than Your Cell: Defining and Comparing Cell Therapies in Regenerative Medicine, Room 275–277

Ask the Experts
Mon., Nov. 10
Postprandial Lipoproteins: Production, Atherogenicity and Measurement, Room 386–387

Cardiovascular Seminars
Ernest N. Morial Convention Center
Sun., Nov. 9
Ubiquitin and Ubiquitin-Like Modifiers in Vascular Diseases, Room 283–285
Proteomics-Based Biomarker Discovery for Cardiovascular Diseases, Room 356–357
New Aspects of Anticoagulation/Antiplatelet Therapy, Room 388–390
A Celebration of Statins: Recognition of the Contributions of Akira Endo and Al Alberts, Room 383–385
Environmental Cardiology: Air Pollution and Atherosclerosis, Room 278–279
Mon., Nov. 10
C-Reactive Protein and Mechanisms of Cardiovascular Disease, Room 271–273
Extracellular Matrix and Cardiovascular Disease, Room 383–385
Developmental Origins of Cardiovascular Health and Disease, Room 278–279
AMP Kinase in the Cardiovascular System, Room 356–357
T Cells in the Pathogenesis and Progression of Atherosclerosis, Room 386–387

Tues., Nov 11
Vascular Redox Signaling, Room 278–279
Mechanotransduction and Cardiovascular Disease, Room 356–357
Dysfunctional HDL: Emerging Insights from Basic and Translational Studies, Room 386–387
Thrombosis and Inflammation: Cross-Activation, Room 383–385

How-To Sessions
Mon., Nov. 10
In Vivo Imaging in Thrombosis, Inflammation and Stem Cell Trafficking, Room 386–387
How to Phenotype Mouse Models with Metabolic Diseases, Room 238–239

Tues., Nov 11
Research and Clinical Applications of Measurements of Endothelial Function, Room 383–385

Wed., Nov. 12
How to Produce and Measure Arteriogenesis/Collateral Growth in Heart, Brain and Peripheral Limbs, Room 206–207

The Early Career Committee is working hard to provide information and opportunities for the career advancement of young investigators. Please contact Committee members with any suggestions or concerns regarding early career issues.

Muredach Reilly, MD, FAHA (Chair)
University of Pennsylvania

Kathryn J. Moore, PhD, FAHA (Vice-Chair)
Harvard Medical School

Jesus A. Araujo, MD, PhD
University of California, Los Angeles

Anisa Jahangiri, PhD
University of Kentucky

Amy S. Major, PhD
Vanderbilt University Medical Center

Tracie Seimon, PhD
Columbia University

Ryan Temel, PhD
Wake Forest University School of Medicine

Jennifer Teske, PhD
University of Minnesota

John A. Curci, MD
Washington University School of Medicine

The Early Career Committee of the ATVB Council

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Washington University School of Medicine
From the Editor
Hossein Ardehali, MD, PhD

On behalf of the Basic Cardiovascular Science Council, I would like to express our appreciation to Tish Murphy for her remarkable work as newsletter editor over the past two years. I have taken over as the newsletter editor for the BCVS Council. Please e-mail me your suggestions for newsletter articles at h-ardehali@northwestern.edu. There are other changes to the BCVS Council, which will be highlighted in the next issue.

Marcus Award Finalists
Competition to be held Sunday, Nov. 9, 5:15–6:30 p.m.

Rabea Asleh, Technion Israel Institution of Technology, “Targeting HDL Quality Rather than Quantity: Providing the Mechanistic Rationale for the Pharmacogenomic Interaction between the Haptoglobin Genotype and Vitamin E on Cardiovascular Disease in Individuals with Diabetes Mellitus”

Konstantinos Hatzistergos, University of Miami, “Allogeneic Mesenchymal Stem Cells in Cellular Cardiomyoplasty: Mechanisms of Cardiac Repair”

Yutaka Matsui, Hokkaido University, “Large Tumor Suppressor 2, a Downstream Target of Mammalian Sterile 20 Like Kinase 1, is an Endogenous Regulator of Myocyte Size and Apoptosis in the Heart”

Atsuhiko Naito, Chiba University, “Promotion of Chip-mediated P53 Degradation Protects the Heart from Ischemic Injury”

Noriyuki Ouchi, Boston University, “Follistatin-like 1 is a Novel Secreted Muscle Protein that Confers Cardiovascular Protection”

Katz Award Finalists
Competition to be held Sunday, Nov. 9, 3:45–5:00 p.m.

Yoshihiro Asano, Osaka University Graduate School of Medicine, “Paradigm Shift to Epigenetic Memory for the Pathological Understanding of Chronic Heart Failure”

Masaki Ieda, University of California, San Francisco, “Cardiac Fibroblasts Regulate Myocardial Proliferation and Ventricular Formation through β1 Integrin Signaling”

Raffaella Lombardi, University of Texas Health Science Center, Houston, “Genetic Fate Mapping Identifies Second Heart Field Epicardial Progenitor Cells as a Source of Adipocytes in Arrhythmogenic Right Ventricular Cardiomyopathy”

Eva Van Rooij, University of Texas Southwestern Medical Center at Dallas, “Myosin Genes Encode a Network of Micrornas that Control Myosin Expression and Myofiber Identity”

Shinsuke Yuasa, Keio University, “Inhibition of Cardiac Myocyte Apoptosis By Zac1, an Essential Transcription Factor for Cardiac Morphogenesis”

**BCVS Council Dinner**

This year’s Council Dinner will be held Tuesday, Nov. 11 at the Foundry in New Orleans at 7 p.m. The address is 333 St. Joseph Street, New Orleans, La. 70130. The winners of both the Katz and Marcus awards will be announced at the Council Dinner. Make sure you purchase your tickets early since they generally sell out quickly. Don’t miss this great opportunity to meet your colleagues from the BCVS Council.

**2009 BCVS Conference**


**Basic Cardiovascular Science Council awards and lectures at Scientific Sessions**

Daniel Kelly, MD, FAHA, Lewin Professor and Chief of Cardiovascular Division at Washington University will receive the BCVS Distinguished Achievement Award. This award is meant to recognize individuals who have made major contributions to the Affairs of a Scientific Council over a continued period of time and who have made substantial professional contributions to the field represented by the Council.

The BCVS Thomas Smith Memorial Lecture will be presented Monday, Nov. 10, 2:00 p.m. in Rm. 271–273 of the Ernest N. Morial Convention Center by Dr. Jeffrey Molkentin of Cincinnati Children’s Hospital Medical Center. The presentation is entitled: “PKCα as a Novel Therapeutic Target for Treating Heart Failure.”

Dr. David Gutterman of Medical College of Wisconsin will present the BCVS George E. Brown Memorial Lecture Tuesday, Nov. 11, 2:00 p.m. in Rm. 271–273 of the Ernest N. Morial Convention Center. The presentation is entitled: “Flow-induced Vasodilation in the Human Heart: Unique Endothelial Mechanisms and Clinical Insights.”

**Annual Basic Cardiovascular Sciences Summer Conference Highlights**

The 2008 Annual BCVS Summer Conference, “Heart Failure: Molecular Mechanisms and Therapeutic Targets,” was held July 28–31 in Keystone, Colo. The meeting organizers were Drs. Kenneth Walsh, Daniel P. Kelly, Issei Komuro and Bart Staels. The finalists for the Outstanding Early Career Investigator Award were:

- **Sharlene M. Day**, University of Michigan, “Ubiquitin Proteasome Dysfunction in Human Cardiomyopathies”
- **Guo-Chang Fan**, University of Cincinnati, “MicroRNA230 Regulates Ischemia/Reperfusion-Induced Cardiomyocyte Death and Apoptosis by Targeting Hsp20”
- **Asa B. Gustafsson**, San Diego State University, “Juvenile Anthracycline Treatment Contributes to Heart Failure in Adulthood by Impairing Vascularization and Cardiac Stem Cell Function”
- **Matoaki Sano**, Keio University School of Medicine, “Inherent Capacity of the Heart to Augment Antioxidant Defense via Activation of Amino Acid Metabolism as a Hormetic Response to Aldehydes”

**Dr. Sharlene Day** was selected as the winner of the competition.

Cardiovascular Outreach Award recipients were **Giselle C. Melendez**, **Scherise Mitchell** and **Cynthia N. Perry-Garza**.

CPCC SCIENTIFIC SESSIONS HIGHLIGHTS

Sunday Morning Programs

Nov. 9, 9:00 am
Beyond Return of Spontaneous Circulation: Bundling Postresuscitation Care, Rm. La Nouvelle C
Mitochondria and Vascular Disease: Biology and Translational Priorities, Rm. 280–282

CPCC Courand & Comroe Young Investigator Prize Finalists

The following outstanding young scientists have been chosen as finalists for the prestigious award. Hear them present their work Nov. 9, 3:45–5:00 pm, Rm. 228–230, at the Ernest N. Morial Convention Center. The first-prize winner will receive a plaque and $1,000; the other finalists will each receive a plaque and $500.

• **Paul Chan**, University of Missouri, Kansas City
  Long-Term Effects of a Rapid Response Team on Hospital-Wide Code Rates and Mortality

• **Apoor Gami**, Mayo Clinic
  Obstructive Sleep Apnea Increases the Risk of Sudden Cardiac Death: A Longitudinal Study of 10,701 Adults

• **Christophe Guignabert**, Stanford University School of Medicine
  Tie2-Mediated Loss of Peroxisome Proliferator-Activated Receptor-δ in Transgenic Mice Increases Platelet Derived Growth Factor-Receptor β and Pulmonary Arterial Muscularization

• **Rahn Ilsar**, University of Sydney
  The Measurement of Pulmonary Flow Reserve for Early Detection of Pulmonary Vascular Disease

• **Jason Katz**, Duke University
  Predictors of 30-Day Mortality in Patients with Refractory Cardiogenic Shock Following Acute Myocardial Infarction Despite a Patent Infarct Artery

Cardiovascular Seminars

Nov. 9–11, 5:15 pm and 6:30 pm, Ernest N. Morial Convention Center

Monday, Nov. 10

Best Abstract (Resuscitation/Critical Care category) — 2:45 pm, Rm. 228–230
Stefek Grmec, Center for Emergency Medicine, Maribor
Erythropoietin Facilitates Return of Spontaneous Circulation and Subsequent ICU Admission in Victims of Out-of-Hospital Cardiac Arrest

Tuesday, Nov. 11

Ask the Experts — 7:45 am, Rm. 228–230, Ernest N. Morial Convention Center
Performing Pre-hospital Emergency Resuscitation Research

How-To Sessions — 7:45 am, Rms 228–230 and 353–354, Ernest N. Morial Convention Center

Plenary Session — 9:00 am, Hall F
Improving Survival From Cardiac Arrest: What Can and Should be Done in 2008

Dickinson W. Richards Memorial Lecture — 9:00 am, Rm. 228–230
Asrar B. Malik, University of Illinois, Chicago
Signalling Regulation of Endothelial Barrier Function in Health and Vascular Inflammation

Best Abstract (Cardiopulmonary category) — 9:30 am, Rm. 228–230
Vinicio A. de Jesus Perez, Stanford University Medical Center
Bone Morphogenetic Protein 2 Promotes Pulmonary Smooth Muscle Cell Motility by Activation of the Wnt/RhoA-Rac1 Pathway via Recruitment of Disheveled by Integrin Linked Kinase 1

CPCC Dinner — 7:00–10:00 pm, $50
Hilton New Orleans Riverside — Grand Salon 13 & 16
After dinner talk by Dr. Warren Zapol
Secrets of a Champion Diver — The Antarctic Weddell Seal
Secrets of a Champion Diver —
The Antarctic Weddell Seal

Warren M. Zapol, MD
Director of the Anesthesia Acute Care Laboratories, Massachusetts General Hospital, Boston
Reginald Jenney Professor of Anaesthesia, Harvard Medical School, Boston, Mass.

Warren Zapol is a native New Yorker who attended Stuyvesant High School. Receiving his undergraduate education at the Massachusetts Institute of Technology, he attended the University of Rochester School of Medicine and after graduation served in the U.S. Public Health Service at NIH (1967–70) as a staff associate of the National Heart Institute. At NIH he worked with Dr. Theodor Kolobow, an inventor of a novel artificial membrane lung. Together they designed an artificial placenta for premature lambs, and after testing the spiral coil membrane lung in lambs performed some of the first long-term membrane lung perfusions (ECMO) in newborns with infant respiratory distress syndrome and adults with severe acute respiratory distress syndrome (ARDS). He came to Massachusetts General Hospital (MGH) for anesthesiology training in 1970 and was recruited to the staff.

Research: Dr. Zapol’s research laboratory has been productive and supported by NIH since 1970. Initially studying ECMO in patients with ARDS he led the national ECMO study sponsored by the NIH that showed survival of adults was not increased. Following this he spent 10 years as the principal investigator of a multidisciplinary NHLBI-sponsored Specialized Center of Research in ARDS, leading a series of investigations into the physiological and morphological alterations of the pulmonary circulation during ARDS in patients and animal models. Commencing in 1990, he and his research group pioneered the study of inhaled nitric oxide (INO), proving it to be a selective pulmonary vasodilator. After demonstrating INO was safe and effective in animals, initial trials in newborns with persistent pulmonary hypertension (PPHN) were undertaken at MGH. Nationwide blinded and randomized trials of INO in ARDS and PPHN proved its effectiveness and in 1999, INO was approved by the FDA. Each year approximately 20,000 “blue babies” are treated with INO, and in many it provides a life-saving therapy. In 1999, Dr. Zapol was awarded the “Excellence in Research Award” of the Intellectual Property Owners Association.

Dr. Zapol has studied and described many of the adaptations to diving of the Weddell seal. He has made nine trips to Antarctica since 1974 with his National Science Foundation-sponsored multidisciplinary research group to explore the diving physiology of this extremely long and deep diving aquatic mammal. From 2003–07 he served on the Polar Research Board of the National Academy of Sciences. In 2006, a glacier in Antarctica was named after Dr. Zapol by the U.S. Board on Geographic Names, and in 2007 he was awarded the Medal of Academician of the Russian Academy of Medical Sciences.

Clinical Care: Dr. Zapol was an attending physician in the MGH Surgical Critical Care Units from 1972–94. He has edited a textbook of Critical Care Medicine (Tinker J. and Zapol W.M. Care of the Critically Ill Patient, Second Edition. London: Springer-Verlag, 1992) and a textbook of anesthesiology (Longnecker, Brown, Newman and Zapol. Anesthesiology. McGraw Hill, 2008) and published over 217 peer-reviewed manuscripts. Over the years he has been called upon to treat critically ill patients in Moscow, Copenhagen, the president of Brazil and a queen of Saudi Arabia. From 1994–2008, Dr. Zapol served as anesthetist-in-chief of the Department of Anesthesia and Critical Care at MGH.
Member in the Spotlight
Charles S. Kleinman, MD

Dr. Charles S. Kleinman wrote his first paper on imaging the fetal heart using echocardiography in 1980. He is considered by many of us to be the “Father of Fetal Echocardiography”; however, 28 years later he has shown us that he is so much more. Charlie Kleinman is an inspiration. His fight, his drive and his unending sense of humor during times of adversity should be a lesson to us all on how to never lose faith, never give up, and how to live life well.

Charles Kleinman was born on March 12, 1947 in New York. He graduated from Martin Van Buren High School in Queens, N.Y. in 1963. He was president of the National Honor Society and Arista Science Honor Society. He was in the band, on the math team, an Arista tutor, and a part of the Westinghouse Science Talent Search. Dr. Kleinman received his BA in biology from New York University in 1967, then attended Rutgers Graduate School studying cell biology. He received his MD in 1972 from New York Medical College. He completed his internship and residency, and was chief resident in pediatrics, at the New York Hospital-Cornell Medical Center, and was a fellow in pediatric cardiology at Cornell University Medical College, graduating in 1976. Dr. Kleinman then spent time with Dr. Abraham Rudolph at the Cardiovascular Research Institute in San Francisco as a research fellow in cardiology.

In 1977, Dr. Kleinman joined the faculty at Yale where he quickly established himself as an expert echocardiographer. In 1980, he published his first manuscript on fetal echocardiography. In 1982 his landmark paper that fetal congestive heart failure could be diagnosed by ultrasound appeared in the New England Journal of Medicine. In 1986 he became professor of pediatrics, diagnostic imaging and obstetrics and gynecology, and chief of pediatric cardiology at Yale. He also received a masters of arts degree the same year. In 2000, Dr. Kleinman left Yale and joined the faculty of the University of Florida where he was a senior cardiologist at Nemours Cardiac Center at Arnold Palmer Hospital. In 2002 he returned to New York as director of pediatric cardiac imaging and professor of clinical pediatrics in obstetrics and gynecology at Columbia University College of Physicians and Surgeons and Weill Cornell Medical College of Cornell University. Since 1996 he has consistently appeared on various superlative lists such as “Best Cardiovascular Physicians in America,” “Best Doctor in America,” “Top Physicians in America,” and “Top Pediatricians in America.” He has authored 83 peer-reviewed manuscripts, written 66 chapters and reviews, served on the editorial board of five journals in cardiology and obstetrics, and presented or lectured at over 100 national and international meetings. Most recently he was one of the consulting editors with Drs. Istvan Seri and Richard Polin of the book released this year entitled Hemodynamics and Cardiology — Neonatology Questions and Controversies.

Jessica Kleinman, Charlie’s wife, has been with him for 43 years. “Charlie and I met when he was 18. What impressed me both then and now are his gifts of empathy, insight, and an amazing sense of humor,” Jessica shared with much emotion. “His sensitivity and desire to be there for others, both personally and professionally, have persisted despite times of critical illness. These strengths have been tested through Hodgkin’s disease, a heart attack, bypass and mitral valve replacement surgeries, and recently a heart transplant. To say that he is cherished as a wonderful husband, father/father-in-law, grandfather, friend and physician, only scratches the surface. Our resilience comes from deep mutual love, respect, support, and above all, knowing what is important in life.”

Dr. George Lister, chairman of pediatrics at University of Texas Southwestern Medical School, is one of Charlie’s lifelong friends. He shared the following: “I have known Charlie Kleinman far too long to tell all in a short space, and far too well to avoid filtering what I tell. His career and contributions to pediatric cardiology have spanned over 30 years and will extend, quite fortunately for all of us, much longer. His wit, his sarcasm, his encyclopedic knowledge and his gusto for all of his endeavors are the marks of his lasting influence. While he might state that he found a garbage bag full of m-mode strips in the basement of Yale that created the epiphany that he could diagnose cardiac disease in the fetus — both of structural and functional nature (recall his paper in New England Journal on hydrops) — I know for a fact that the clutter was actually in the trunk of his Datsun, along with tennis rackets, stethoscopes, angiograms, sneakers, textbooks and a large enough array of scrub suits that he could have stocked a whole section of Bloomingdale’s. Only Charlie could find order and sense out of this potpourri. I vividly remember his presentation of data at the APS/SPR meeting at the Hilton in NYC. It was a stunning birth of fetal cardiology and a shining moment for Charlie. There was such interest in the audience that it nearly required Norm Talner and I to use a grappling hook to get Charlie away from the onslaught of questions so others could present their work. Yes, Helen Taussig was in the audience, as were Abe Rudolph, Mary Ellen Engel,

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Member in the Spotlight

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Bill Friedman and countless others in the field. Quite a stretch of history. Well Charlie has gotten a few new cars since then and has needed to clean out the trunk, but he has not changed his modus operandi nor his incredible capacity to see something important amidst a morass of snow, static and wavy lines.”

Dr. Abraham Rudolph, Charlie’s mentor and one of the key figures in his life writes the following: “I have known Charles Kleinman since he came to San Francisco as a fellow in pediatric cardiology about 30 years ago. Few realize that Charlie’s career interest in fetal cardiology was initiated by studies he performed on myocardial development in fetal lambs with induced pulmonary stenosis (he threatens to publish the results some time). However, he could not envision a future in the company of sheep, which led him to explore ultrasound techniques for examining the circulation in the human fetus. Initial excitement regarding his report of the ability to image the heart in the human fetus by ultrasound has been fully justified. It has revolutionized the prenatal diagnosis, the understanding of the physiological effects and the natural history of congenital cardiovascular malformations in the human fetus. It has also been crucial to the development of attempts to treat certain cardiovascular malformations in the fetus.

Although Charlie is renowned as “the expert” on fetal cardiology, his skills as a clinician have not been fully appreciated. He is beloved by children and parents because he shows interest, concern, empathy and compassion with all his patients. These attributes, together with his encyclopedic knowledge of the field, have earned him the reputation as a superb clinical pediatric cardiologist. Personally, the best way to describe him is that he is a real “mensch.” He is beloved by his many colleagues and friends; he is a devoted husband (that is not difficult with his wonderful wife, Jessica) and a caring father and grandfather. Charlie has endured many serious health problems during his professional career, culminating in receiving a heart transplant in recent months. He has continued to express the humor and wit for which he is well known, throughout all these trials and tribulations. I am delighted that I and all of us in Pediatric Cardiology will continue to benefit from his scholarly contributions and enjoy his friendship for many years to come.

Personally, I have known Dr. Kleinman since the start of my career in 1995. After finishing my fellowship in pediatric cardiology I felt that I needed more dedicated training and experience in order to successfully direct a fetal heart program. I sought out Dr. Kleinman because of his reputation as a fetal cardiologist. Despite not knowing who I was, he

Report From the Chair

G. Paul Matherne, MD, FAHA, Chair

It is an honor and a privilege to serve the American Heart Association as Chair of the Council on Cardiovascular Disease in the Young. Following outgoing Chair Dr. Cathy Webb is no small task, as her energy, enthusiasm and hard work will be hard to match. Under Dr. Webb’s leadership, the Council has continued to be one of the best in the American Heart Association. She helped our Council grow and expand with new sub-committees and she has spearheaded, and been personally involved in, a host of scientific statements and other association publications. Our council continues to be one of the most active in the association and our committees are among the most productive. The passion and the drive that our members have for children and cardiovascular disease are unsurpassed and contribute to the success of the organization.

I would also like to recognize that Dr. Michael Gewitz will be assuming the role of Vice Chair of the Council. We look forward to working with him and other members of the Leadership Committee as well as all of the members of CVDY as we further the goals of the American Heart Association.

A couple of notes about the upcoming Scientific Sessions in New Orleans, Nov. 8–12:

• Beginning this year, following our Annual Business Meeting, we have a Brown Bag Lunch Panel Discussion to discuss pertinent issues regarding our field. The topic for 2008 will be “Certification for Physicians Caring for Adults with Congenital Heart Disease.”

• I am pleased to announce that due to popular demand, our Council gathering on Tuesday, Nov. 11 will once again be a dinner and we are pleased to announce that this year’s William J. Rashkind Lecture will be a musical presentation from a group of physicians led by Gil Wernovsky. We hope that you can all attend.

We encourage all of our members to continue to be involved in CVDY and let us know if there are issues that are important to you that need to be addressed. Our Council continues to be one of the preeminent voices in support of children and adolescents with heart disease as well as adults with congenital heart disease. We provide a strong voice of advocacy on their behalf. We cannot do this without your involvement and support.

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Member in the Spotlight
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received me with open arms and I spent a wonderful few months studying with him at Yale. What I know of Charlie Kleinman is as a great mentor. He has an incredible ability to teach, there is no doubt. More so, however, he has the ability to instill excitement and the passion for discovery. He taught me how to be a clinical fetal cardiologist. He also taught me how to ask questions and not give up until I had the answers. Together in 2003 we published our work showing that fetuses with congenital heart disease have abnormalities in cerebral blood flow, supporting concepts first suggested by Dr. Rudolph in the 1970’s. Since that time, Charlie has been with me every step of the way along my career. He has offered support, guidance and encouragement. Charlie saw in me my potential and nurtured me. I owe my success to him. This story, I am sure, is not unique. Charlie Kleinman has mentored many, and his wisdom will live on in each one of us.

Ironically, over the last 10 years, many of Dr. Kleinman’s medical difficulties have been cardiovascular. Yet he has persevered, showing us his incredible drive, stamina and desire to live life to the fullest. The sense of humor for which he is well known is as vibrant as ever. I have heard from the team at Columbia that Charlie was back at work part time six weeks after his heart transplant operation. He resumed his full-time position two weeks later.

Charlie wrote these words only a few days before his cardiac transplant: “As you all know, my cardiovascular condition has continued to deteriorate over the course of the past year. I was informed late last week that I was the backup for the last transplant that was performed on an A+ patient, late last week. I am informed that my status has now placed me at the top of the Columbia waiting list for a heart, and I should be called within a matter of days to a week or two for transplantation. I look forward to this with some apprehension. My previous history of surgery, with marked hemorrhage at the time of the first operation, does place me at a somewhat greater risk than average. I am told, however, that the results of transplantation in the above 60-year-old group has been quite good, and that the likelihood of a good functional result, with years of functional survival, including the potential for returning to work full-time is high. In the hope that I will be able to spend more time with Jessica, my kids and their wives, and to watch my grandchildren grow and develop, I have decided to go ahead with this procedure. At the very least I want my loved ones to know that I made the good fight. I am thankful to be cared for at the largest and finest heart transplant center in the world. I have been fortunate to have years of joy with my family, with personal friends who date back to my school days, and with professional colleagues who have become part of my extended family. I can’t find the words to thank the people who have been available and willing to stand in for me at work. I appreciate the support that many of you have given to my kids and to my dear wife and best friend Jessica. It is my hope that I will be able to thank you personally after all of this is over with. If that is not to be the case, I want all of you to know that your concern and loyalty through the years has been appreciated. I have been blessed with family, friends, colleagues and a job I have loved. My only regret will have been that I didn’t have quite enough time to do everything I wanted to do. I am, of course, somewhat apprehensive, but at the same time excited by the potential opportunity to move forward with my life. You have all been wonderful in your patience and support, and I thank you. It is my hope that I will be able to rejoin my family, somehow repay Jessica for the many months (years) of agony I have put her through, watch my grandchildren grow, my kids and their wives prosper, participate in Josh and Allison’s upcoming marriage, and get back to work. I am optimistic that things will work out. If they do not I am confident that we made the correct decision, nonetheless. The kindness and professionalism of the Columbia Cardiac Transplant team has been inspirational, and I know that I have been in the hands of the best.”

Dr. Charles Kleinman, this tribute is to you. You are an inspiration to us all. Father of fetal echocardiography, physician, mentor, colleague, friend. Thank you for returning to us.

Mary T. Donofrio, MD, FAAP, FACC, FASE, Director of the Fetal Heart Program, Children’s National Medical Center, Washington, D.C.
We designed the presentations sponsored by the Council on Cardiovascular Nursing (CVN) for Scientific Sessions 2008 (New Orleans, La., Nov. 8–12) to appeal to both clinicians and researchers. This year, 134 research abstracts were submitted to the three CVN categories, compared with 128 abstracts last year. We accepted 39 percent of the submitted abstracts for either oral or poster presentation.

We are offering multiple sessions combining clinically-focused invited presentations with oral research abstract presentations (AOS). The purpose of this format is to enhance the translational aspects of our research and the evidence base of our invited sessions, and to bring clinicians and researchers together.

We are also offering early morning Ask the Expert (ATE) and How to Sessions (HTS), early evening Cardiovascular Seminars (CVS), and Daytime Seminars (DS). Highlights of the nursing program include an interactive learning session using an audience response system on Case Studies from the Cath Lab: Managing Patients Undergoing PCI. Our Pre-Conference Symposium (SAT) on Advances in the Care of the Hospitalized Cardiac Patient: Fourth Annual Cardiovascular Nursing Symposium will be held Saturday, Nov. 8. This program is targeted to advanced practice nurses in the acute care setting, although others will find it relevant. On Sunday morning we will offer two programs (SMP): Successful Lifestyle Changes for Cardiovascular Risk Reduction and Improving Care for Patients with ACS. The Ask the Experts (ATE) session will address Interdisciplinary Research.

Here is the program schedule:
CHAIR’S REPORT
Susan Pressler, RN, DNS, FAAN, FAHA

‘How Can I Become More Involved in the Council on Cardiovascular Nursing (CVN)?’

This question is frequently asked by CVN members. There are many opportunities for involvement in the Council and ASA/AHA. One of the best ways to volunteer is to simply let members of the Leadership Committee know that you are interested in participating in the work and activities of CVN. You can do this by:

1) Completing the Committee Involvement form on the CVN Web site at http://www.americanheart.org/presenter.jhtml?identifier=1148;

2) Sending your name and resume or CV to the CVN Officers (Susan Pressler — spressle@umich.edu; Dorothy Lanuza — dianuza@wisc.edu; and sbdunba@emory.edu) and the AHA CVN staff member, Kelly Peasley (kelly.peasley@heart.org). If there is a particular committee in which you have an interest, please let us know that, too; or

3) Contacting CVN Committee chairpersons to volunteer. Names of Committee Chairpersons can be located by clicking the “Council Committees” link on the left side bar of the CVN Web site at: http://www.americanheart.org/presenter.jhtml?identifier=1148

Every spring, the CVN Officers work with Chairpersons of the CVN Committees to identify nurses for committee membership. We work to appoint nurses who have volunteered over the past year. This year, we were able to appoint most of those who volunteered to a committee membership.

There are several additional ways that our members can become involved in AHA and ASA. Throughout the year, we receive requests from other AHA/ASA Councils for participation of CVN members with expertise in particular areas to either serve as liaisons to their Councils or collaborate on writing groups (e.g., to write scientific statements or practice guidelines). There are also opportunities for our members to participate as abstract reviewers (for Scientific Sessions) and AHA grant reviewers.

The talent of CVN Council members is truly remarkable and we invite your participation!

Reducing Overweight and Obesity in Childhood: Nurses’ Role as Clinicians and Advocates
Patricia O’Brien, MSN, CPNP

There has been an alarming increase in levels of overweight and obesity in children in the U.S. that places them at risk for health problems such as hypertension, diabetes and cardiovascular disease. Overweight/obesity also predisposes them to cardiovascular disease in adulthood and has social and economic costs for the nation. The prevalence of American children classified as “at risk for overweight” (body mass index [BMI] at or greater than 85%) or “overweight” (BMI at or greater than 95%) has tripled in the past 20 years and currently exceeds 30 percent.(1) Eighty percent of adolescents who are overweight or obese will be overweight or obese in adulthood.(2) African-American and Hispanic youth and those in rural settings have higher rates of obesity.

Successful interventions in childhood provide lifelong health benefits. It is clear that a multifaceted approach involving children, families and communities is needed to foster healthy lifestyles throughout the lifespan. Both individual assessment and intervention and population-based interventions are required to reverse the alarming rates of overweight children in the U.S.

Nurses and advanced practice nurses, with their expertise in health promotion and emphasis on wellness, are valuable resources in both assessing and managing children who are overweight or obese and advocating at the school and community level for healthier environments for children. Nurses in primary care settings and school settings integrate healthy lifestyle education and counseling into their daily activities with children and their families. An AHA scientific statement, “Primary Prevention of Cardiovascular Disease in Nursing Practice: Focus on Children and Youth,”(3) highlights the important role of nurses in primary prevention of cardiovascular disease in adulthood. Intervening with children who are overweight is a significant part of this effort.

In the primary care setting, nurses and advanced practice nurses can begin in

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Reducing Obesity in Childhood

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infancy to assess risk factors for overweight and educate parents regarding healthy weight gain and diet. Children form food preferences in the preschool years so the influence of family, cultural and social factors on food choices is important. This is a critical time for healthcare providers to promote healthy lifestyles. Parents need clear guidelines about healthy food choices and serving sizes, limiting snacks and sugar-laden beverages, and encouraging physical activity while limiting sedentary activities. These health promotion activities should continue throughout childhood. Regular assessment of BMI throughout childhood and more intensive intervention for children identified as at risk for overweight is warranted.

All interventions in children should incorporate the entire family. The National Association of Pediatric Nurse Practitioners (NAPNAP) has developed the HEAT (Healthy Eating and Activity Together) guideline for use in primary care settings, with information on early identification, developmental considerations, nutrition and physical activity recommendations for children of all ages, and an emphasis on an advocacy role for nurses. The guideline offers a wealth of information for nurses in primary care settings.

Interventions in the school setting have been of interest because during much of the year children spend six to eight hours a day in school, eat a daily meal at school and participate in physical education and other activities. School nurses are well positioned to develop both individual and population-based strategies to prevent and treat overweight and obesity. Similar to hearing and vision screening, assessment of BMI on a yearly basis by the school nurse is advocated. Overweight students or those at risk for overweight can be referred for individual treatment and overall trends in the school population can be followed. School nurses can partner with physical education and health education departments, teachers and administrators in advocating for healthier school lunches, removing vending machines from schools, increasing levels of physical activity, and health education emphasizing healthy lifestyles. Because of the strong associations between increased levels of sedentary behaviors and increased levels of overweight in children, interventions to increase physical activity and reduce sedentary behaviors are important. Bagby and Adams (a physical education teacher and a nurse) have developed an evidence-based practice guideline to increase physical activity in schools with many practical, low-cost methods to increase vigorous physical activity in physical education class and recess, and to decrease sedentary activities. Another valuable resource for school nurses is the AHA/William J. Clinton/Robert Wood Johnson Foundation Healthy Schools program.

While definitive research is lacking on the most efficacious way to prevent and treat overweight and obesity in children, the problem is growing and interventions need to be implemented while research continues. Many insights have been gained regarding the roots of the problem and promising interventions and resources have been developed. The important role of nurses in the prevention and treatment of childhood obesity is well established.

References

CHAIR’S REPORT
Antoinette S. Gomes, MD, FAHA

I would like to take this opportunity to acquaint CVRI Council members with the exciting, upcoming International Congress on Cardiovascular Imaging at Scientific Sessions 2008 in New Orleans. The mission of the congress is to foster international collaboration in cardiovascular research, clinical care and education. Designed to run concurrently with Scientific Sessions, the congress will feature presentations and discussions by international experts. One program will feature the latest advances in noninvasive cardiovascular imaging, and will be presented by internationally renowned investigators. The congress will run from Saturday, Nov. 8 through Wednesday, Nov. 12.

Topics to be discussed are: the current status of molecular imaging, cell and gene therapy, molecular imaging targets in LV modeling, phenotyping of the failing heart by MRI, plaque imaging, and ultrasound imaging of angiogenesis. Also to be covered are clinical issues including current techniques for imaging acute chest pain, congenital heart disease, imaging to document reversal of atherosclerosis, controversies in cardiovascular imaging, and new technology including echocardiography, CT and MR. The CVRI Program Committee under the leadership of Dr. Pamela Woodard is to be lauded for their role in the development of this comprehensive upcoming program.
This year's finalists are:

**Michael Bonios, MD**
Johns Hopkins University
Myocardial Substrate Determines Acute Cardiac Retention and Lung Biodistribution of Intramyocardially Injected Cardiac-derived Stem Cells: A PET/CT Experimental Study

**Allison Hays, MD**
Johns Hopkins University
Non-invasive MRI Assessment of Coronary Endothelial-dependent Vasoreactivity

**Aravindan Kolandaivelu, MD**
Johns Hopkins University
Non-invasive Assessment of Tissue Heating During Cardiac Radiofrequency Ablation Using MRI Thermography

**Daniel Lee, MD**
Northwestern University
Correcting the Underestimation of Absolute Myocardial Blood Flow by Magnetic Resonance Perfusion Imaging

**Satoru Ohshima, MD**
University of California, Irvine
Modulation of Atherosclerotic Plaque Characteristics By Minocycline: An Evaluation by Molecular Imaging of Matrix Metalloproteinase (MMP) Expression

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**Charles T. Dotter Memorial Lecture**

The lecture was established in 1987 by the Council on Cardiovascular Radiology and Intervention in honor of Charles T. Dotter, who contributed significantly to the evaluation of cardiovascular angiography and pioneered the development of angioplasty and other interventional cardiovascular procedures.

This year's presenter is Geoffrey Rubin, MD, professor of radiology at Stanford University School of Medicine. The title of this year's lecture is “More Surprises from the Healthy Donut.” The lecture will take place Tuesday, Nov. 11, at 2:00 p.m. in Rm. 208–210 of the Ernest N. Morial Convention Center.

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**CVRI Annual Reception, Awards Presentation and Annual Business Meeting**

Tuesday, Nov. 11, 7:00 p.m.
Hilton N.O. Riverside, Grand Salons

**Recognition of**

- AHA Distinguished Achievement Awardee: Barry Katzen, Miami, Fla.
- Melvin Judkins Young Investigator Awardee

For more information regarding Scientific Sessions 2008, please visit scientificsessions.org.
Dr. Michael E. DeBakey died July 11, 2008, less than two months before what would have been his 100th birthday. Internationally acclaimed, Dr. DeBakey was hailed as the “greatest surgeon of the 20th century.” Dr. Claude Lenfant, director emeritus of the National Heart, Lung, and Blood Institute, called him “the father of modern cardiovascular surgery.”

Dr. DeBakey operated on more than 60,000 patients during his 75-year medical career. However, as noted by Gert Brieger, professor of the history of medicine at Johns Hopkins University, “what has elevated him over many other surgeons was his creativity — that’s what made his influence on surgeons and training programs so tremendous.” A classic example was DeBakey’s 1953 use of Dacron to repair aortic aneurysms. He sewed the prototype on his wife’s sewing machine, using fabric purchased at Houston’s downtown Foley’s department store.

Dr. DeBakey is also credited with inventing the roller pump for the cardiopulmonary bypass machine, while still in medical school. Later, as a surgeon, he devised several surgical instruments that still carry his name. He performed the first successful angioplasty in 1954, the first coronary bypass in 1964, and the first heart transplant in the United States in 1968. However, realizing that the demand for human heart transplants would outstrip the supply, he pursued the development of a total artificial heart, as well as ventricular assist devices (VADs).

It was the first use of the total artificial heart that sparked an infamous 40-year feud between DeBakey and Dr. Denton Cooley, a onetime colleague and rival surgeon. However, the two reconciled during the past year, with Dr. DeBakey receiving the Denton A. Cooley Cardiovascular Surgical Society Lifetime Achievement Award in 2007, and Dr. Cooley being honored with a comparable award by DeBakey’s surgical society.

In recent years, Dr. DeBakey had collaborated with NASA to develop the MicroMed DeBakey VAD. Up until the time of his death, DeBakey was prepared to assist Dr. O.H. “Bud” Frazier, director of surgical research at the Texas Heart Institute, in his upcoming attempt to implant

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### Vivien Thomas Young Investigator Award Competition Finalists

**Robert Osipov**
Effect of Hypercholesterolemia on Myocardial Necrosis and Apoptosis in Response to Ischemia Reperfusion Injury

**Tammy Pegg**
A Novel Hybrid Of On-pump Beating Heart Coronary Artery Bypass Grafting Results Produces Significant Myocardial Injury Compared to Conventional Cardioplegic Arrest

**Jean Marie Ruddy**
Differential Effect of Wall Tension on Matrix Metalloproteinase Promoter Activation in the Thoracic Aorta

**Sonja Schrepfer**
Cytokine Enhancement with Hgf Or Vegf in the Infarct Border Zone is Key to Attenuating the Negative Remodelling after Myocardial Infarction

**Jorge Solis-Martin**
Polymer Injection Therapy to Reverse Remodel the Papillary Muscles: Efficacy in Reducing Mitral Regurgitation in a Chronic Ischemic Model
dual heart pumps in calves as a total heart replacement. “It’s amazing how he never ceased to have encouragement and interest in new things,” Frazier said of the man he described as indomitable.

Dr. DeBakey served in the U.S. Army during World War II (where he originated the idea for mobile surgical hospitals [MASH units]). He is also credited with helping to establish special medical and surgical centers for veterans returning home from war, which later evolved into the VA Hospital System. And he was a driving force in rejuvenating the National Library of Medicine in Bethesda, Md., which has become the world’s leading repository of medical information.

In a bizarre twist of fate, Dr. DeBakey nearly died at age 97. In early 2006, he became the oldest person to survive emergency surgery for an aortic dissection, including a period of elective circulatory arrest. The surgery, performed by his longtime partner, Dr. George P. Noon, had been pioneered by Dr. DeBakey himself 50 years earlier. The anesthetic was delivered by another longtime friend and colleague, Dr. Salwa Shenaq. Remarkably, his eventual recovery was complete. He was able to travel to Washington, D.C. earlier this year to receive the Congressional Gold Medal, our nation’s top civilian honor.

After his death, Dr. DeBakey was the only physician and the only Houstonian ever to be given the honor of “lying in repose” at City Hall in Houston. The open-casket viewing, attended by a military honor guard, was held all day on July 15, 2008. Dr. DeBakey lay in repose, dressed in his surgical scrubs, white coat and the cowboy boots that he always wore to the operating room. On July 18, he was buried at Arlington National Cemetery in Virginia.

Dr. DeBakey’s personal motto was to “strive for nothing less than excellence.” He was a perfectionist, intolerant of incompetence, sloppy thinking and laziness. For a man who outlived nearly all of his peers, DeBakey was never philosophical about death, appearing to view it as a personal enemy. He was quoted in the Houston Chronicle as saying “You fight (death) all the time, and you never can accept it. You know in reality that everybody is going to die, but you try to fight it, to push it away, hold it away with your hands.”
Activities for the American Heart Association (AHA) and the Council on Clinical Cardiology are both stimulating and productive in the fall. Much of this is centered around the annual Scientific Sessions which were initiated in 1925. Sessions initiated just one year after the founding of the AHA and reflects our strong and early commitment to science, research and education. The first Sessions were held at the Haddon Hall Hotel in Atlantic City, N.J., which was later demolished to become the Resorts International. About 200 individuals attended this initial meeting. Since then, Sessions have been held each year except for a two-year hiatus during World War II. Today, because of the large attendance and special needs for the meeting, there are a limited number of suitable locations for Sessions. These cities include (but are not limited to) Atlanta, Chicago, New Orleans, Orlando and Dallas.

The Scientific Sessions are of special interest to the Council on Clinical Cardiology for many reasons. Of great importance is the fact that our Council is involved in planning or sponsorship of more than half of each year’s Scientific Sessions. In addition, there are numerous Council activities such as meetings of subcommittees, receptions and lectures and, for the first time this year, a special Saturday afternoon program for cardiology fellows and trainees.

Of interest to all is the annual Council Awards Dinner near the end of each annual meeting. The prestigious Herrick Award is presented along with Laennec and Levine Young Investigator Competition Awards. In addition, we present the Distinguished Achievement Award, the Clinical Research Prize, and the Women in Cardiology Mentoring Award.

To many Scientific Sessions attendees, the yearly renewal of long-term friendships is of vast importance. The nurturing of these valuable relationships is another mechanism by which the conference plays an important role in our year in cardiology. We therefore urge you to attend Sessions to enjoy the academic and social camaraderie and participate in our Council’s activities.

Introducing...

The Council on Clinical Cardiology has developed a newly enhanced Member-Get-A-Member online platform now available exclusively to our Council members.

Help our Council grow!
The tool allows you to invite new members to join through your own personal Web page and track your accomplishments.

Gain public recognition from the Council for your efforts
Top participants and Council advocates will be recognized in newsletters, at Council events and on the Web.

The process is fast and easy
Default and suggested text and photos are available to make the process easy for you, so you won’t have to spend more time online than necessary.

Log in and participate at my.americanheart.org/mgam

Fellows in Training and Early Career Program

Saturday
November 8
1:00-7:00 pm

Fellow in Training and Early Career Reception
**Scientific Sessions 2008**

If you are attending Scientific Sessions 2008, you will be delighted with the exciting program being presented. For those who have not yet registered, the Council leadership would like to encourage you to attend. Visit scientificsessions.org to learn more and register!

### General Cardiology Track

**Sunday, Nov. 9**

- 9:00 am AHA Scientific Statement: Diagnosis, Evaluation, and Treatment of Resistant Hypertension
- 9:00 am Beyond Return of Spontaneous Circulation: “Bundling Post-resuscitation Care”
- 9:00 am Big Science: “Omics” Technology Meets Cardiovascular Biology
- 9:00 am Carotid Artery Disease: The State of the Art
- 9:00 am Clinical Controversies
- 9:00 am Controversies in Acute Stroke Care
- 9:00 am Genetics of Coronary Heart Disease and Risk Factors
- 9:00 am Mitochondria and Vascular Disease: Biology and Translational Priorities
- 9:00 am Vascular Medicine Controversies
- 5:15 pm An Evening with Resuscitation “Giants”
- 5:15 pm Great Debates in Pulmonary Arterial Hypertension
- 5:15 pm Imaging Chest Pain in the ED
- 5:15 pm Management of Asymptomatic Severe Aortic Stenosis

**Monday, Nov. 10**

- 7:45 am Aldosterone as a Common Participant in the Development of Hypertension
- 9:00 am Statins in the Water? Responsible Use of Lipid-modifying Drugs
- 2:00 pm Clinical Challenges in Daily Practice and Case-based Applications of Recent Guidelines — Part I
- 3:45 pm Clinical Challenges in Daily Practice and Case-based Applications of Recent Guidelines — Part 2
- 5:15 pm Cool Applications of Therapeutic Hypothermia
- 5:15 pm Developmental Origins of Cardiovascular Health and Disease
- 5:15 pm Inflammation and Pulmonary Hypertension
- 5:15 pm Management of Ischemic Heart Disease in High-risk Populations

**Tuesday, Nov. 11**

- 7:45 am Give Me Feedback on My Clinical Research Project
- 7:45 am Performing Prehospital Emergency Resuscitation Research
- 9:00 am Improving Survival from Cardiac Arrest: What Can and Should Be Done in 2008
- 9:00 am Will I Be Reimbursed for Non-invasive Testing: Matching the Test with Appropriate Clinical Vignette
- 3:45 pm Best of Cardiovascular Meetings: Clinical and Research Highlights from Recent Cardiology Programs
- 5:15 pm Anemia, Heart and Kidney Failure: To Treat or Not
- 5:15 pm Biomarkers in Pulmonary Hypertension
- 5:15 pm Diabetes and Hypertension: Clinical Considerations
- 5:15 pm New Practice Opportunities: Cased-based Approach to Diagnosis and Treatment of Vascular Disease
- 5:15 pm Systems Biology Approaches to Cardiovascular Research: Challenges and Discoveries

**Wednesday, Nov. 12**

- 9:00 am Bias in Clinical Trials?
- 2:00 pm ACS: Year in Review
- 2:00 pm Implications of Recent Clinical Trials for Daily Practice

### Interventional Cardiology Track

**Interventional Fellows and Cardiologists Symposium**

Saturday, Nov. 8

1:00 pm–6:00 pm

**Interventional Cardiology: Bench to Bedside and Beyond**

Sunday, Nov. 9

7:30 pm–12:00 pm

How-To Sessions, Cardiovascular Seminars, Daytime Seminars, and Ask the Experts

### Clinical Electrophysiology Track

**Sunday — November 9**

- Advances in Arrhythmia Devices: A Case-based Approach
- Challenging Arrhythmia Cases for the Electrophysiologist
- Monitoring Functions of Implantable Rhythm Devices: The New Horizon

**Monday — November 10**

- Optimal Management of Anticoagulation
- Special Problems with Catheter Ablation
- Catheter Ablation Advances: Cased-based Approach
- Challenging Arrhythmia Cases for the Cardiologist

**Tuesday — November 11**

- Challenging Catheter Ablations: Epicardial, Paraseptal and Others
- Improving Survival from Cardiac Arrest: What Can and Should Be Done in 2008
- Basic EP Principles for the Clinician
- Genetic and Cell Therapies for Arrhythmias

**Wednesday — November 12**

- How to Troubleshoot ICD Problems
- Clinical Practice 2008: Arrhythmias and Anticoagulation: Management Solutions for the Difficult Patient
- Arrhythmias and Sudden Death in Heart Failure
Letter from the Chair

Mary Cushman, MD, MSc, FAHA

I am pleased to write my first Connections piece as Chair of the Council. I am honored for the trust placed in me to help lead the Council over the next two years. During my years on the Leadership Committee I have been passionate about promoting early career development and solidifying our Council’s financial viability, which allows us to achieve the scientific goals so important to all of us.

I am proud of the work of the Early Career Committee, whose members are among the most committed in our Council! If you would like to get involved in Council activities, e-mail me at (mary.cushman@uvm.edu) or fill in the Involvement Form on our Web site: http://www.americanheart.org/presenter.jhtml?identifier=1247. Let us know what your interests are and we will try to call on you to participate.

Please also consider getting involved in Council activities, e-mail inv@americanheart.org in the Involvement Form on our Web site: http://www.americanheart.org/presenter.jhtml?identifier=1247. Let us know what your interests are and we will try to call on you to participate.

There are many great AHA activities you should be aware of:

- Scientific Sessions this year will be exciting for our Council. In addition to the outstanding invited program of speakers and scientific presentations, we will honor Dr. Michael Lauer as the Ancel Keys lecturer. Our Council dinner is Nov. 11, which we’ll host together with our close colleagues in the Nutrition, Physical Activity, and Metabolism Council. I look forward to seeing everyone there.

- We are thrilled about the new AHA journal, Circulation: Cardiovascular Quality and Outcomes. This journal will provide an additional venue for publication of the work of our membership. I hope you submit your very best work.

- We are aiming to increase the Council’s involvement in AHA scientific statements, guidelines and policy papers. A new Publications Committee is forming, led by Mercedes Carnethon.

- Our Spring Conference is March 11–14, 2009 in Tampa, Fla. We will meet again with the Council on Nutrition, Physical Activity, and Metabolism. We have managed to keep our conference small enough to be held at hotels rather than conference centers, optimizing attendee interactions. Each year I feel like it is a family getting back together. So, join us for an experience that is sure to enhance your career. Don’t miss the important Third-Day Program, which addresses the global burden of CVD. The abstract deadline, including application for our four awards, is Oct. 6, 2008. Be sure to note the new travel grants from the Council’s Minorities and Early Career Committees. Conference Web site: http://www.americanheart.org/presenter.jhtml?identifier=3056462

- Finally, the International Mentoring Program is looking for mentors and mentees. This program connects international members with networking opportunities, advice and advocacy. Mentors and mentees can sign up easily at this Web site: http://www.americanheart.org/presenter.jhtml?identifier=3004039 (http://www.americanheart.org/presenter.jhtml?identifier=3004039) was designed by Drs. Jarett Berry and Amit Khera. It is a great portal for early career individuals and contains descriptions of funding/training opportunities, mentorship advice, and a CVD epidemiology bibliography. New initiatives being developed by the ECC include the creation of a mentorship award.

Applications for membership in the ECC are solicited in the late winter and typically accepted through April. Notification on the status of applications is made by the end of May.

The ECC is vibrant and enthusiastic in the support of their mission, which is to “Foster the development of trainees and early career professionals in CVD epidemiology. The ECC also promotes and encourages trainees and early career individuals to participate in Council activities.” In the past year, committee activities, in support of this mission, include co-sponsorship of an Early Career/Minority Committee reception at both Scientific Sessions and the Annual Cardiovascular Disease Epidemiology and Prevention Conference, sponsorship of Connection Corner, development of the ECC Web site and implementation of travel grants for new investigators to attend the Annual EPI Spring Conference. Attendance at the receptions was very strong and all enjoyed the presentation given by Dr Herman Taylor. The Web site (http://www.americanheart.org/presenter.jhtml?identifier=3004039) was designed by Drs. Jarett Berry and Amit Khera. It is a great portal for early career individuals and contains descriptions of funding/training opportunities, mentorship advice, and a CVD epidemiology bibliography. New initiatives being developed by the ECC include the creation of a mentorship award.

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The Early Career Committee (ECC) is entering its third year! (This committee was formed in summer 2006.) The inaugural leadership group for the ECC consisted of Drs. Nisha Parikh (Chair), Thomas Bowman (Vice-Chair), Mary Cushman (Senior Advisor) and Ms. Karen Modesitt (Council Manager). After two years of service, the original members of this committee are rotating off, as many are joining other committees within the Council. We wish them the best on their future endeavors and welcome our new members.

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Sponsored/Co-sponsored Sessions for Scientific Sessions 2008

Plenary
- Statins in the Water? Responsible Use of Lipid-Modifying Drugs (Co-sponsored with Clin Card) (Monday, 9:00–10:15 a.m.)

Special Sessions
- Personalized Genomics: Ready for Prime-time? (Sunday, 3:45–5:00 p.m.)
- Defining Cardiovascular Risk — Time for Changes? (Tuesday, 10:45–12:05 p.m.)
- Stroke Prevention in Atrial Fibrillation (Co-sponsored with Stroke)

Sunday Morning Programs
- Primordial Prevention of Cardiovascular Disease: Achieving Low Risk Status
- Beyond the Office Blood Pressure Cuff: Arterial Properties from Basic Science to Clinical Practice
- Genetics & Genomics Decoded: A Tutorial
- Obesity, Insulin Resistance, and Diabetes Update (Co-sponsored with NPAM)

Ask the Experts
- Cardiovascular Screening Methods

Daytime Seminar
- Stroke Prevention in Atrial Fibrillation

Cardiovascular Seminars
- Depression and Cardiovascular Disease: State of the Science
- Does Hormone Status Impact CVD Risk?
- Short- and Long-Term Risks for CVD: Selecting Patients for Primary Prevention
- Sleep Disordered Breathing As a Cardiovascular Risk Factor: A Longitudinal Perspective from the Sleep Heart Health Study
- Where’s the Fat? The Science and Clinical Significance of Ectopic Fat
- Which Therapy is Improving the Prognosis of Patients with Diabetes and CAD?
- Cardiovascular Risk Estimations for Primary Prevention Around the Globe: Different Approaches for Determining Who Needs Pharmacologic Therapy
- Children at Risk: Sounding the Alarm — and Responding
- Primary Prevention of Cardiovascular Diseases after Age 70
- The ABC’s of Primary and Secondary Prevention and Implementation

2008 Epidemiology Council Membership Demographics

Do you know that there are over 2,200 members in the Council on Epidemiology and Prevention? As shown in the table, our EPI Council membership reflects racial/ethnic diversity, and has doubled in size over the past 10 years. Thank you — to the Epi Council membership — for spreading the word and recruiting your colleagues to join us in our mission to prevent cardiovascular disease. Seven new members joined our Council during the spring meeting in Colorado and we look forward to our continued partnership... so don’t forget to renew your membership this year!

<table>
<thead>
<tr>
<th>ETHNIC/RACE DISTRIBUTION OF EPI COUNCIL</th>
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<tbody>
<tr>
<td>Alaskan Native .......................... 8</td>
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<tr>
<td>American Indian .......................... 5</td>
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<tr>
<td>Asian ................................. 281</td>
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<tr>
<td>Black .................................... 74</td>
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<td>Hispanic ................................ 79</td>
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<tr>
<td>Other .................................. 136</td>
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<tr>
<td>Pacific Islander .......................... 3</td>
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<tr>
<td>White .................................. 1,205</td>
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<tr>
<td>Undeclared ............................... 410</td>
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<tr>
<td><strong>Total membership</strong> .................. 2,201</td>
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The main activities of your Leadership Committee this past quarter have been related to the fall conference (Sept. 15–19) in Atlanta. The Program Committee under the leadership of Clinton Webb organized a terrific program with a very timely and important workshop. These were described in the previous newsletter. By the time you read this, the meeting will be over, but I hope that you attended the meeting and participated in the activities. If you were not able to attend this year, please make a special effort to join us in 2009 in Chicago. This year’s meeting had several new features including the first presentation of the Donald Seldin lecture by Mark Knepper and the first presentation of the Harriet Dustan lecture by Suzanne Oparil. The Seldin Award is sponsored by the Kidney Council. The Dustan Award is sponsored by the High Blood Pressure Research Council with the specific objective of highlighting our outstanding women scientists. Congratulations to all our award recipients.

In addition to planning the fall conference, Leadership Committee members have started plans for the next hypertension summer school to be held in 2009. The Chair of the organizing committee is Ray Townsend (townsend@exchange.upenn.edu). Please feel free to communicate with him to make suggestions and volunteer to assist.

One of my main activities as Council Chair is to represent us before the AHA Science Advisory and Coordinating Committee. At our June 25 meeting several new initiatives were approved. The Interdisciplinary Working Groups (IWG) were converted to the same status as Councils, with the same rights and responsibilities as Councils. The only distinction is that the former IWGs will be called Interdisciplinary Councils. This action will affect our members who also belong to an IWG and it will be important for you to be sure and declare the High Blood Pressure Research Council as your primary Council.

The international mentoring program continues to grow and AHA will provide 10 travel grants to mentees who commit to attending Scientific Sessions. An important aspect of this commitment is that some of you may be asked to serve as mentors to this program. If interested in participating, please let me know.

The AHA Research Committee reported on the development of its new strategic plan. In addition to the current programs focused primarily on Scientist Development Grants and Established Investigator Grants, new programs include Innovative Research Grants, Clinical Research Program and Summer Undergraduate Research Fellowships. For spring, the Research Committee funded 85 Scientist Development Grants, eight Fellow to Faculty awards and 11 Clinical Research Program awards. The payline for SDGs is about 24 percent so junior faculty investigators should be encouraged to apply.

The Scientific Publishing Committee reported on its new initiative to launch five (SIX?) new journals. Of the five new journals planned, two have already been launched with the remaining three to start in 2009. The SACC action that will have the greatest impact on our Council is the decision to raise dues effective January 2009. This will be linked with improved member benefits like the AHA Learning Library. It was emphasized by the Member Benefits Task Force that our old dues structure was outdated and that the health of our association depended on increased dues. Over the year, AHA has markedly increased services to its members and has launched many public education programs. I appeal to all our members to remain loyal to our Council and renew your membership, preferably at the premium professional category for 2009! In addition, please make special efforts to recruit new members to our Council. Our target is to have 2,000 Council members by 2010.

The report from the Advocacy Coordinating Committee emphasized the importance of maintaining a strong advocacy program and described our advocacy efforts. Even during

Continued on page 28
these times of financial constraints, it is very important to maintain a strong advocacy program and continue to remind our legislators of the importance of increased funding for biomedical research. As noted by the recent actions of Congress to increase funding for NIH in spite of record budget deficits, our collective message is getting through, but we must remain vigilant. Our Council is very fortunate to have J.R. Haywood as our Advocacy Committee representative. He has worked very hard to develop a strong advocacy program. Please help with the advocacy effort by contacting J.R.

Remember that Scientific Sessions will be held in New Orleans Nov. 8–12, 2008. Howard Pratt, our representative to the Scientific Sessions Program Committee, reported on our increased involvement in Sessions, including more than eight oral and poster sessions and a Sunday morning session on diagnosis, evaluation and management of resistant hypertension. Several cardiovascular seminars relating to hypertension will be held and a lecture will be presented by Mario Capecchi, co-recipient of the 2007 Nobel Prize in Physiology and Medicine. If you have not done so yet, please make plans to attend Scientific Session. Please send me an e-mail (navar@tulane.edu) if you will be attending since the Council may hold an informal social during the week.

Finally, I would like to say farewell to our members as this will be my last newsletter as Council Chair. The next newsletter will come out after our fall meeting where we make the transition. It has been a wonderful and fulfilling experience to serve as your Chair. I have had the good fortune of having excellent staff support from AHA and hard-working members of the Leadership Committee who made my job much easier. A special note of thanks to Bob Carey for his mentorship as I struggled to learn about all the duties of the Chair. During these last two years, we have made considerable progress in program activities and membership, but there is still much to do. I am very comfortable in knowing that I leave you in the hands of Clinton Webb who will become Council Chair and Rhian Touyz who will become the Vice Chair of the Council and Chair of the Program Committee for the 2009 Fall Conference. I ask you to give them your full support and to work with all the members of the leadership committee to make our council even more responsive to the needs of our members. We are here to serve you.

Message From the Chair
Continued from page 27

Report From the Nominating Committee
Robert M. Carey, MD, MACP
Chair, Nominating Committee

The Nominating Committee congratulates Dr. Rhian M. Touyz, who has been elected to the position of Vice-Chair and Chair-Elect of the Council for High Blood Pressure Research. Rhian is an outstanding investigator and leader in hypertension research. She is professor of medicine, and holds the Canada Research Chair in Hypertension, at the University of Ottawa, Ottawa, Ontario, Canada. Elected to the Leadership Committee as at-large members were Drs. Ronald Victor, Donna Wang and Mark Chappell. Dr. Victor is professor of medicine and Norman and Adurey Kaplan Chair of Hypertension at the University of Texas Southwestern in Dallas, Texas. Dr. Wang is professor of medicine at Michigan State University in East Lansing, Mich. Dr. Chappell is professor in the Hypertension and Vascular Disease Center at Wake Forest University School of Medicine in Winston Salem, N.C. Also, Dr. Jan Danser was elected to the Leadership Committee as international at-large member. Dr. Danser is professor of cardiovascular pharmacology at Erasmus University, Rotterdam, The Netherlands.

Dr. George Bakris has been selected to serve as Chair of the Council’s Professional and Public Education Committee, which is now combined with the Publications Committee. Dr. Raymond Townsend will serve as Vice-Chair.

The Trainee Advocacy Committee will include the following trainees: Drs. Maria Antonia Garcia Espinosa, Romer Gonzalez-Villalobos, Radu Illescu, Huda Abdullah, Justin Grobe and Erika Boesen.

The Nominating Committee congratulates all of these individuals who will provide valuable service for our Council.

Opportunities to serve the Council for High Blood Pressure Research include membership on the following committees: Trainee Advocacy, Professional and Public Education, Annual Fall Conference, Novartis Award Selection, Scientific Sessions Program, Nominating, Awards and Leadership. If you are interested in serving, please contact Dr. L. Gabriel Navar, the incoming Nominating Committee Chair.

Letter From the Editor
Nancy L. Kanagy, PhD, FAHA, Editor

As the summer ended, the members of our Council attended another exciting fall conference on Sept. 15–19 in Atlanta, in conjunction with the Kidney Council. In addition, many members of our Council are presenting their research at Scientific Sessions in New Orleans in November. Below is a short list of research briefs from this quarter’s issues of Hypertension. Be sure to check out the important research published in our Council’s journal in your library or online at http://hyper.ahajournals.org

New Professional Education Center Web site

On Sept. 1, 2008, the American Heart Association Professional Education Center launched a new and improved Web site! The site incorporates a new look and feel and is designed to better inform users about our current educational offerings. Enhancements were made to improve navigation, course search capabilities and registering for an account. We’re excited about this opportunity to provide a greater user experience for our learners. Visit the Professional Education Center for the latest continuing education on cardiovascular disease and stroke!
Fellowship in the Council on the Kidney in Cardiovascular Disease

Fellowship is reserved for physicians, medical scientists and researchers who excel in the fields within the council’s interest and for volunteer service to the American Heart Association.

Eligibility
To be eligible for fellowship, candidates must be an active Premium Professional member of the AHA and affiliated with the Council on the Kidney in Cardiovascular Disease (KCVD) at the time of nomination. Active member is described as a member whose dues are current. Candidates must be nominated by an active Fellow of the Council who is familiar with his/her work and is willing to write a supporting letter that clearly articulates the candidate’s contributions to the field and involvement in the AHA. Persons listed as active KCVD Fellows in the Membership Directory are eligible to nominate candidates for fellowship in the AHA and the council. Visit http://www.americanheart.org/presenter.jhtml?identifier=3005388 for more information concerning criteria for fellowship.

Kidney Council Involvement Form

The mission of the Council on the Kidney in Cardiovascular Disease is to reduce cardiovascular-related death and disability through research, communication, advocacy and education about the kidney. Complete and submit the form at http://www.americanheart.org/presenter.jhtml?identifier=3048878 to express your interest in the committee of your choice. We will contact you if an opportunity arises that fits your area of expertise.

Hypertension

Hypertension is one of five American Heart Association journals accessible online. It represents the Council for High Blood Pressure Research and the Council on the Kidney in Cardiovascular Disease, and is in cooperation with the Inter-American Society of Hypertension. Visit http://hyper.ahajournals.org/ for additional journal information.

Kidney in Cardiovascular Disease Scientific Sessions 2008
Ernest N. Morial Convention Center • New Orleans, La • Nov. 8–12

Cardiovascular Seminars
Cardiovascular Disease in Renal Failure — Nov. 10, 5:15 pm, Room 280–282
Anemia, Heart and Kidney Failure: To Treat or Not — Nov 11, 5:15 pm, Room La Nouvelle AB
I am truly honored to serve as the incoming Chair of the Council on Nutrition, Physical Activity, and Metabolism (NPAM). This is a unique opportunity to work with an esteemed group of American Heart Association (AHA) multidisciplinary professionals and staff to further our formidable mission. I would be remiss, however, if I did not acknowledge the outstanding leadership and organizational wizardry that Dr. Barbara Howard demonstrated as our Chair over the past couple of years.

Under Dr. Howard’s exemplary leadership, NPAM has had a phenomenal recent history! Our Council’s successes have included continued membership growth; an enhanced Web site and revitalized Council brochure; a favorable budget; the co-sponsoring of numerous conferences; a major increase in attendance at Scientific Sessions by Council members; co-sponsorship of another highly successful NPAM/EPI Spring Conference; and the primary or secondary sponsorship of 17 scientific statements (2006–07) through writing groups peppered with NPAM members. Our membership has been well represented in AHA awards and named lectures, and our innovative and timely proposals for Scientific Sessions have been embraced by the Program Committee. Moreover, a former Chair of our Physical Activity Committee, Dr. Steven Blair, has been selected as the recipient of the prestigious 2008 Population Research Prize of the AHA. We’re on a roll!

Without question, this is an exciting time for the members of our Council. A recent landmark report concluded that although the burden of coronary heart disease in the United States remains enormous, the age-adjusted death rate fell by more than 40 percent between 1980 and 2000. This decline was attributed to evidence-based medical therapies and decreases in major risk factors. These findings and other recent reports highlight the value of aggressive risk factor reduction via lifestyle modification (e.g., cardioprotective dietary practices, regular physical activity) and complementary pharmacotherapies, if appropriate, in the prevention of initial and recurrent cardiovascular events. It’s also gratifying to see current AHA Cause Initiatives (e.g., Go Red For Women, Power To End Stroke, Alliance for a Healthier Generation, and Start!) intertwined with our NPAM Mission Statement.

Our goals for the future include: development of relationships and collaborations with other Councils and IWGs; associations with other organizations with similar interests; development of our own spring meeting; continued membership growth; expanded advocacy initiatives; increased involvement and participation by our Council members on scientific statements and annual programming; and greater media coverage of cardioprotective lifestyle issues. Moreover, we plan to broaden the charter and mission of the Council to include behavioral science.

We look forward to seeing you at the upcoming AHA Scientific Sessions in New Orleans and hope that you will plan to attend the NPAM Lecture, featuring a presentation by Dr. Robert Eckel entitled “Tissue-Specific Regulation of Lipoprotein Lipase and Energy Balance: The Story Gets Even More Interesting,” the NPAM Annual Business Meeting, Tuesday, Nov. 11, from 12:15 pm to 1:15 pm, and the Annual Reception and Dinner with the Council on Epidemiology and Prevention, on Tuesday, Nov. 11, from 6:30 pm to 9:30 pm in the Ernest N. Morial Convention Center.

Finally, please mark your calendars for our 2009 Spring Conference, March 10–12, 2009, at the Innisbrook Resort and Golf Club/Palm Harbor, Fla.
The New Farm Bill’s Role in Combating Chronic Disease

By Sen. Tom Harkin

Obesity and some forms of diabetes, cancer and cardiovascular disease have one thing in common: Their onset is often related to unhealthful choices of lifestyle and diet. There is an upside to this, because it means that we have major opportunities to prevent disease by creating a society where the healthy choice is also the easy choice. To bring this about, we need to seize every opportunity to promote good health. We cannot combat the obesity epidemic through healthcare legislation alone. We must examine every pending bill to identify opportunities to create societal defaults that encourage healthier behaviors.

A case in point is the recently passed Food, Conservation and Energy Act of 2008, commonly known as the farm bill. Most people associate farm bills only with assistance to farmers. But, as chairman of the Senate Committee on Agriculture, Nutrition and Forestry, I worked diligently with the public health community, including the American Heart Association, to ensure that the new farm bill would also improve the health and nutrition of millions of Americans.

Most importantly, the new legislation takes several steps that make it easier for low-income families to purchase healthier foods — which often cost more than foods loaded with calories, sodium and fat, but few nutrients. The new farm bill not only increases benefits for participants in the federal food stamp program, renamed the Supplemental Nutrition Assistance Program (SNAP), but also creates or expands several other initiatives to build health into the fabric of our communities.

Given its size, the SNAP Program is the logical place to test incentives for healthier eating. The new farm bill includes $20 million for a pilot program that will allow the U.S. Department of Agriculture to evaluate whether providing SNAP participants with financial incentives to purchase healthier foods will achieve this result. Under this pilot, a SNAP participant that spends $25 on healthful foods and $35 dollars on other groceries during a visit to a supermarket will receive additional benefits based upon the $25 purchase of healthful foods.

Other provisions in the bill focus on the lack of access by low-income families to healthy foods, especially in poor, inner-city neighborhoods. To address this challenge, the farm bill includes $35 million to create or expand farmers’ markets. In addition, thanks to the leadership of Sen. Sherrod Brown (D-OH), the bill creates the Healthy Urban Food Enterprise Development Center, which will provide technical assistance to individuals who wish to bring healthy, local foods into underserved communities.

Because the foundation of lifelong health is laid in childhood, the farm bill dramatically expands an existing program that provides free fresh fruit and vegetable snacks during the school day to low-income elementary children. Funding will increase to $150 million annually by 2012, and for the first time, every state will have schools participating in the program. By 2012, the program could reach as many as 3 million children.

An example of promoting a healthier food supply is the bill’s new incentive program to accelerate the shift from trans fat to healthier oils in the domestic food supply. As more states and jurisdictions go trans-fat free, it’s important that we have an available and affordable supply of healthy, trans-fat free oils.

The bill also gives a boost to human nutrition research through a strategic reorganization of competitive research funding at the Department of Agriculture that will better coordinate and leverage research dollars. And the farm bill reaffirms the importance of the National Health and Nutrition Examination Survey (NHANES) by calling on the Secretary of Agriculture and the Secretary of Health and Human Services to continue to collect and analyze continuous data relating to diet, health and physical activity.

For years, I have worked to help America become a genuine wellness society focused on fitness, good nutrition and disease prevention. The new farm bill includes an array of initiatives that will help us move toward that goal. I am grateful to the American Heart Association for its constructive support during the difficult negotiations leading up to passage of the new farm bill. I hope that I can continue to rely on the expertise of groups like yours as we work to pursue our mutual goal of a healthy, productive America.
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New at the International Stroke Conference 2009 — Emergency Medicine

While the International Stroke Conference (ISC) will continue to have innovative, exciting sessions in many different specialty areas, a new category for this year is emergency medicine. Emergency medicine is of critical importance in the treatment of stroke, and emergency medicine nurses and doctors are vital in this process. We will offer invited symposia and oral and poster abstracts in emergency medicine at ISC 2009. In addition, we are partnering with the American College of Emergency Physicians (ACEP) to have a new, abstract-based award for emergency medicine that is aimed at investigators of all levels. We welcome emergency medicine nurses and physicians to this year’s conference and hope to continue this partnership for many years to come.
“Of all my years of training and practicing, it was during the years that I spent working with Linda Gillam that I learned the most, and it has been Linda who has had the greatest influence on my own career.” So begins Dr. Judy Mangion, in support of Dr. Linda Gillam, recipient of the 2007 Mentoring Award of the Women in Cardiology Section of the American Heart Association Council on Clinical Cardiology. Dr. Gillam, a native Canadian, came to the United States in the early 1980s at the encouragement of an early mentor, Dr. Harry Rakowski, who felt that echocardiography was an exciting, growing field. She was directed away from exercise physiology to an echo fellowship at Massachusetts General Hospital (MGH), and from there, into her outstanding academic, clinical and mentoring career. She recently moved from the University of Connecticut Health Sciences Center to Columbia University where she leads the new Cardiac Valve Program in the Department of Medicine which will integrate noninvasive, interventional and surgical management options for patients with valvular heart disease.

A past president of the American Society of Echocardiography, Dr. Gillam says joining the Women in Cardiology Committee was an “eye-opener” that helped her realize how important mentors are and that mentoring doesn’t “come automatically.” Mentoring is a high priority for the committee and Dr. Gillam made it a professionally priority, helping out whenever possible. She emphasizes that she particularly tries to support young women, but supports young men, as well.

One of an early wave of women in cardiology, Linda learned to balanced family and career at a time when role models were scarce. She has two children, a son who is a junior at Stanford University focusing on economics and a daughter who is a sophomore at Harvard, planning on a career in medicine. In addition, her mother currently resides with her. The challenges she faced balancing her academic medical career with family parallel many of the focus areas she addresses when mentoring young colleagues.

To attract more women into cardiology, she sees a need to proactively design “women-friendly” fellowship training programs. There should be flexibility for women who want children, she says, and issues that concern women “need to be more out in the open.” Children and child-raising seem to impact a woman’s career more than a man’s “to put it mildly…” Linda comments. Solutions must be found that accommodate the rigorous training requirements while not turning away talented women who want families.

When asked about her experience with personal mentors, she mentions several people at various stages in her life, including Dr. Kiran Sager from Milwaukee, Wis. Dr. Sager, Linda notes, is “someone who takes mentoring seriously and is outspoken, in a positive sense of the word.” Linda notes that Kiran’s observation about some of life’s challenges led her to a feeling that “a light switch got turned on in the room.” Dr. Kiran guided Linda through promotions, funding, and family and personal balance. Linda appreciatively notes that “I took advantage of every bit of advice.”

She also cites Dr. Mary Etta King at MGH, who helped her deal with the “parenting issue.” She helped Linda put things into perspective, and emphasized, simply, “how to do it.”

Now it’s Dr. Gillam who provides invaluable guidance to others. Dr. Anna Paszczuk, a cardiology fellow at the University of Pennsylvania, interned with Dr. Gillam during summer of her sophomore year in college. “She introduced me to clinical research in cardiology and inspired a lifelong passion for science and medicine,” Anna writes.

More kudos come from Dr. Laura Ford-Mukkamal: “Her qualities are many, but her ability to truly balance her life successfully with regards to both the personal and professional makes her a role model.” And Dr. Cynthia Taub summarizes: “She is able to gracefully balance her life, personally and professionally. Dr. Linda Gillam possesses all aspects and qualities of a great mentor, especially for women in cardiology.”
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